

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024120

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1691

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles 1st Home		d. STREET ADDRESS (If outside, give location) 5420 Gilmore	
3. NAME OF DECEASED (Type or print) First John Middle H. Last Bruns		4. DATE OF DEATH Month June Day 22 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY General Electric	
11a. FATHER'S NAME Harry Bruns		11b. MOTHER'S MAIDEN NAME Wegescheide	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. 489 10 8510	
13a. NAME OF DECEASED John H. Bruns		13b. NAME OF HUSBAND OR WIFE Clara Bruns	
14a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA- DUE TO (b) ASHD - Coronary Arteriosclerosis DUE TO (c) Atherosclerosis		14b. INTERVAL BETWEEN ONSET AND DEATH	
15a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		15b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
16a. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		16b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
17a. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17b. CITY, TOWN, OR LOCATION COUNTY STATE	
18a. I attended the deceased from Death occurred at 12/25/57 to 6/19/58 and last saw her alive on 6/19/58		18b. Address on the date stated above; and to the best of my knowledge, from the causes stated.	
19a. SIGNATURE (Degree or title) Emmanuel P. King M.D.		19b. ADDRESS 10011 Bellefontaine Rd	
20a. BURIAL, CREMATION, REMOVAL (Specify) Removal		20b. DATE 6/25/58	
21a. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		21b. LOCATION (City, town, or county) (State) St. Louis, Mo.	
22a. FUNERAL DIRECTOR Buchholz Mortuary		22b. ADDRESS 5967 W. Florissant	
23a. DATE RECD. BY LOCAL REG. 6/24/58		23b. REGISTRAR'S SIGNATURE Herbert R. Brooks MD	

(Licensed Embalmer's Statement on Reverse Side)

AP7.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Herbert J. Lee Jr.

Licensed Embalmer No. *4800*

P. O. Address *Kilbuck 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.